

**2009 ACA, Southeastern Fall Camping Conference
PRE-CONFERENCE WORKSHOP REGISTRATION**



ATTENDEE INFORMATION

Attendee 1: _____ First Name for Name Badge: _____

Phone: _____ Email: _____

I have special needs or requests: _____

Name of Emergency Contact: _____ Phone: _____

Attendee 2: _____ First Name for Name Badge: _____

Phone: _____ Email: _____

I have special needs or requests: _____

Name of Emergency Contact: _____ Phone: _____

Attendee 3: _____ First Name for Name Badge: _____

Phone: _____ Email: _____

I have special needs or requests: _____

Name of Emergency Contact: _____ Phone: _____

CAMP/ORGANIZATION INFORMATION

Camp/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Section: SE or _____

Pre-Conference Workshops & Monday Evening Events

<input type="checkbox"/> ServSafe Food Education Workshop	8:00am – 3:00pm	\$225 x ____ (no. of attendees) = \$_____
<input type="checkbox"/> Kim Aycock Workshop	9:00am – 12:00pm	\$39 x ____ (no. of attendees) = \$_____
<input type="checkbox"/> Beachside Hors d'oeuvres	6:30pm - 9:30pm	\$20 x ____ (no. of attendees) = \$_____

PAYMENT INFORMATION

Payment Method: Check (enclosed) Visa MasterCard AMEX Total Payment Due: \$_____

Make check payable to: ACA, Southeastern

Credit Card # _____ Exp: ____/____ Security Code: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Name on Card: _____ Signature: _____

Cancellation Policy: Cancellation request must be in writing and can be faxed or emailed, phone cancellations not accepted. There is a \$20 fee for pre-conference workshop cancellations postmarked by Sept. 5, 2009. No-shows are not eligible for refund.